

## Asthma Task Force Resource Library Check-out Card

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt/Ste # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Media Type: \_\_\_\_\_ Title : \_\_\_\_\_  
Description: \_\_\_\_\_  
Check-out Date: \_\_\_\_\_ Return Date: \_\_\_\_\_  
Ref ID #: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

If you are interested in checking-out materials, complete this form and send it with attention to Kristina Marsh at the Utah Department of Health's Asthma program:  
PO Box 142106, Salt Lake City, UT 84114-2106.

Please note: we ask for a check deposit to cover the cost of the video in case it is not returned. Upon return of the media, you will receive your check back.